

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

**QUALIFICATION
FOR FAMILY FARM CORPORATION
AND AUTHORIZED FARM CORPORATION**
No Filing Fee

Pursuant to the provisions of the Family Farm Act of 1974, SDCL 47-9A the following report is filed in order to qualify to engage in farming as defined under the terms of said Act.

1. The name of the corporation is _____
2. The state of its incorporation is _____
3. The address of the registered office and the name of the registered agent in South Dakota is _____ Zip+4 _____

4. If a foreign corporation, the address of its principal office or registered office in its state of incorporation is _____ Zip+4 _____

5. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the corporation and used for the growing of crops or the keeping or feeding of poultry or livestock:

6. The names and addresses of the officers and the board of directors: (Both officers and directors are to be listed even though they may be the same.)

President _____
Vice President _____
Secretary _____
Treasurer _____
Director _____
Director _____
Director _____

7. Please check which applies to this corporation.

FAMILY FARM CORPORATION _____ AUTHORIZED FARM CORPORATION _____

(A) Applies to a FAMILY FARM CORPORATION. (SDCL 47-9A-14) The number of shares owned by person(s) residing on the farm or actively engaged in farming, or their relatives within the third degree of kindred, or who has resided on or has actively operated the farm is _____. Degree of kindred is defined as the number of generations with each generation being a degree.

OR

The number of shares owned by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity is _____.

(B) Applies only to AUTHORIZED FARM CORPORATION. (SDCL 47-9A-15) The percentage of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities is _____ % . (Must not exceed 20% of its gross receipts).

(C) The name, address and number of shares owned by each shareholder:

Name	Address	Degree of Kindred	Number of Shares
		(Total)	

Dated _____.

Corporation_____

Signature _____

Title of Officer _____

STATE OF _____

COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day of _____, 20____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

(Notary Public)

Notarial Seal